

Bureau of Health Care Quality and Compliance

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|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVS6179HHA</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/10/2011</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD SHEPHERD HOME HEALTH SERVICES</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8880 W SUNSET RD STE 190<br/>LAS VEGAS, NV 89148</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| H 00  | INITIAL COMMENTS<br><br>This Statement of Deficiencies was generated as a result of a State Licensure initial survey conducted on your facility on 2/18/11 and finalized on 3/10/11, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.<br><br>The following deficiencies were identified:  | H 00   |  |  |
| H162  | 449.785 Contracts for Home Health Services<br><br>If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must:<br>8. Assure that personnel and services contracted for, meet the requirements specified in NAC 449.749 to 449.800, inclusive, for home health agency personnel and services, including licensure, personnel qualifications, medical examination, functions, supervision, orientation, inservice education and case conferences. This Regulation is not met as evidenced by: Based on contract employee file review, the agency failed to obtain documents for a contract employee as required by statute for 1 of 8 employees. (Employee #7)<br><br>Employee #7 was hired in October of 2010. Her personnel file lacked evidence of a 2-step TB | H162   |  |  |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| H162  | <p>Continued From page 1</p> <p>test. Her physical was performed in 2008.<br/>Employee #1 (administrative staff) was notified<br/>that pre-employment physicals would not be<br/>accepted if done more than 6 months prior to<br/>date of hire.</p> <p>NAC 441A.375</p> <p>3. Before initial employment, a person employed<br/>in a medical facility, a facility for the<br/>dependent or a home for individual residential<br/>care shall have a:<br/>(a) Physical examination or certification from a<br/>licensed physician that the person is in a state of<br/>good health, is free from active tuberculosis and<br/>any other communicable disease in a contagious<br/>stage; and<br/>(b) Tuberculosis screening test within the<br/>preceding 12 months, including persons with a<br/>history of bacillus Calmette-Guerin (BCG)<br/>vaccination.<br/>If the employee has only completed the first step<br/>of a 2-step Mantoux tuberculin skin test within the<br/>preceding 12 months, then the second step of the<br/>2-step Mantoux tuberculin skin test or other<br/>single-step tuberculosis screening test must be<br/>administered. A single annual tuberculosis<br/>screening test must be administered thereafter,<br/>unless the medical director of the facility or his<br/>designee or another licensed physician<br/>determines that the risk of exposure is<br/>appropriate for a lesser frequency of testing and<br/>documents that determination. The risk of<br/>exposure and corresponding frequency of<br/>examination must be determined by following the<br/>guidelines of the Centers for Disease Control and<br/>Prevention as adopted by reference in paragraph<br/>(h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a<br/>positive tuberculosis screening test is exempt</p> | H162   |  |                          |  |

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| H162  | Continued From page 2<br><br>from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.<br>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.<br>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.<br>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. | H162   |  |                          |  |

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